

**FORM NO. 8-D UNEMPLOYMENT COMPENSATION
NOTICE OF APPEAL
TO MISSOURI COURT OF APPEALS
_____ DISTRICT
BEFORE THE LABOR AND INDUSTRIAL RELATIONS COMMISSION
STATE OF MISSOURI**

)	
Appellant,)	Social Security No. _____
vs.)	Employment Security Appeal No. _____
)	Appellate Court No. _____
Respondent.)	

Notice is hereby given that _____ appeals to the Missouri Court of Appeals,
_____ District.

Date notice of Appeal filed (to be filled in by
Secretary of Commission)

Signature of Attorney or Appellant

(The appellant(s) must file the original notice of appeal and one copy for the Appellate Court with, and pay the docket fee required by court rule to, the secretary of the commission within the time specified by law. Claimants for unemployment benefits do not have to pay the docket fee. § 288.380.5 RSMo Cum. Supp. 1998. At the same time appellant must serve a copy of the notice of appeal on attorneys of record of all parties other than appellant(s), and on all parties not represented by an attorney. The Division of Employment Security is by statute a party to all unemployment benefit appeals. § 288.210 RSMo Cum. Supp. 1998. Proof of service shall be made on the original and copy to be filed with the commission.)

CASE INFORMATION

**TYPE NAME AND BAR ENROLLMENT
NUMBER OF APPELLANT'S ATTORNEY**

Street _____
City _____
State _____ Zip Code _____
Telephone _____

TYPE NAME OF EMPLOYEE

Employee _____
Street _____
City _____
State _____ Zip Code _____

Date of Commission Decision: _____

**TYPE NAME AND BAR ENROLLMENT
NUMBER OF RESPONDENT'S ATTORNEY**

Street _____
City _____
State _____ Zip Code _____
Telephone _____

TYPE NAME OF EMPLOYER

Employer _____
Street _____
City _____
State _____ Zip Code _____

County of Claimant's Residence _____

(Attach copy of Commission Decision)

DIRECTIONS TO COMMISSION

A copy of the notice of appeal and the docket fee shall be mailed forthwith to the clerk of the appellate court. The record on appeal shall be prepared and certified within such time as to enable timely filing by the appellant.

PROOF OF SERVICE

I have this day served a copy of this notice of appeal on each of the following persons at the address stated by _____ (ordinary mail, certified mail, personal service):

Dated: _____, 2 _____

Signature of Attorney or Appellant